

# Save the Date: April 24-26, 2006

## 18<sup>th</sup> Annual IHS Research Conference

*“Discovering Pathways to Better Health for American Indians and Alaska Natives”*



This three-day research conference will enhance our ability to ensure benefits of research to Native communities and peoples. The conference will also examine in depth the impact of aging and mental health research activity in American Indian and Alaska Native (AI/AN) communities. While this 18<sup>th</sup> Annual Indian Health Service (IHS) Research Conference will focus on aging and mental health, it will touch on all aspects of AI/AN health.

### Who Should Attend

Stakeholders in American Indian/Alaska Native research activities including consumers, researchers, clinicians, health administrators and providers, educators, and community and tribal government leaders across the nation. There is no registration fee for this conference.

### Conference Location

The IHS Research Conference will be held at the Albuquerque Convention Center, 401 2<sup>nd</sup> Street NW, Albuquerque, NM 87102.

### Lodging

The host hotel will be the DoubleTree Hotel Albuquerque, 201 Marquette NW, Albuquerque, NM 85253, Phone: (505) 247-3344, Fax: (505) 247-7025. The DoubleTree Hotel is conveniently connected to the Albuquerque Convention Center via an indoor concourse.

Make your hotel room reservations by **March 24, 2006** by calling (505) 247-3344. Be sure to ask for the “Indian Health Service Research Conference” group rate. The hotel room rate is \$66.00 single/\$86 double per room, per night, plus tax. Check-in is 3:00 pm and check-out is 12:00 pm. Reservation requests received after the cut-off date will be accepted on a space available basis at the hotel’s prevailing rates.

### Call for Abstracts

Individuals who want to present their research should prepare an abstract and e-mail it (in Word format) to Leslie L. Randall, RN, MPH by **March 3, 2006** (see Call For Abstracts) at: [llr6@cdc.gov](mailto:llr6@cdc.gov) or [lrandall@npaihb.org](mailto:lrandall@npaihb.org). Phone: 503.416.3298 (office) 503.697.7397 (home) or 503.621.8996 (cell)

### Contact Information

For more information, contact Ellen Ortiz, Program Assistant, 5300 Homestead Rd., NE, Albuquerque, NM 87110, Phone: 505 248-4435 or E-mail: [Ellen.Ortiz@ihs.gov](mailto:Ellen.Ortiz@ihs.gov). On-line registration is available at the IHS Clinical Support Center website at <http://www.ihs.gov/MedicalPrograms/ClinicalSupportCenter/index.cfm>.

### Accreditation

The IHS Clinical Support Center is the accredited sponsor of this meeting. The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education, the American Nurses Credentialing Center’s Commission on Accreditation, and the Accreditation Council for Pharmacy Education.

# 18<sup>th</sup> Annual IHS Research Conference

*"Discovering Pathways to Better Health for American Indians and Alaska Natives"*

## REGISTRATION FORM

**PLEASE PRINT:**

**There is no registration fee.**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Facility: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employment Category:	<input type="checkbox"/> Tribal	<input type="checkbox"/> IHS	<input type="checkbox"/> Other Federal Agency
	<input type="checkbox"/> University	<input type="checkbox"/> Urban	<input type="checkbox"/> Other: _____
Professional Category:	<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Other: _____

I will be attending the IHS Research Conference on the following days:

- ☐ Sunday, April 23, 2006 – Pre-Conference
- ☐ Monday, April 24, 2006
- ☐ Tuesday, April 25, 2006
- ☐ Wednesday, April 26, 2006

I am interested in attending the following workshop offered Wednesday afternoon (please check one):

- ☐ Translating Research to Community Interventions
- ☐ Maneuvering the Research Maze
- ☐ IRB Toolkit
- ☐ Native Writes: Communication in the World of Science
- ☐ Grant Writing

### Agenda-At-A-Glance

	Sunday, April 23	Monday, April 24	Tuesday, April 25	Wednesday, April 26
AM	Travel	Blessing and Welcome General Session	Blessing and Welcome General Session	Blessing and Welcome Abstracts Breakout
				Abstracts Breakout
Noon		Lunch/Poster Session*	Lunch/Poster Session*	Lunch on Own
PM	Registration	General Session	Abstracts Breakout	Workshop Part 1
		Discussion Sessions	Abstracts Breakout	
	Pre-Conference	General Session		Workshop Part 2
	Reception	NRN Meeting	NARCH Past & Future	(a continuation of Part 1)

\*Optional box lunches may be purchased by credit card in advance at \$15 each. For more details, see form attached.

Please fax this completed registration form to Gigi Holmes at (602) 364-7788 no later than **April 7, 2006**.  
On-line registration is also available at <http://www.ihs.gov/MedicalPrograms/ClinicalSupportCenter/index.cfm>.

**18<sup>th</sup> Annual IHS Research Conference**  
**April 24-26, 2006**

**Box Lunch Order Form**

**I would like to order a box lunch for (please check one):**

- ☐ Monday, April 24, 2006 only      \$15.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
☐ Tuesday, April 25, 2006 only      \$15.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
☐ Monday and Tuesday      \$30.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**Menu:**

Monday's Selection: Turkey Sandwich, Chips, Cookie & Bottled Water

Tuesday's Selection: Baked Ham Sandwich, Chips, Cookie & Bottled Water  
Or

Vegetarian: Roasted Pepper & Cheese, Chips, Cookie & Bottled Water

Vegetarian: Vegetable Wrap, Chips, Cookie & Bottled Water

**PLEASE PRINT LEGIBLY**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

☐ American Express      ☐ Visa      ☐ MasterCard      ☐ Discover

Each box lunch is \$15.00 inclusive. All orders must be received one week prior to your arrival.  
There is NO cancellation. You may change your selection three days in advance of the meeting.

**Three ways to order:**

Fax order to: (505) 768-3886

E-mail to: [agins-susan@aramark.com](mailto:agins-susan@aramark.com)

Phone to: (505) 768-3885



**Need more information? Please contact ARAMARK at (505) 768-3885.**